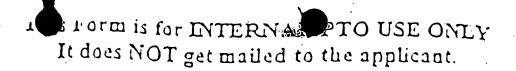
## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

| CLAIMS AS FILED: - PART I (Column 1) (Column 2)  |  |   |                                 |   |                   |                  | Small entity           |     |                     | OTHER THAN<br>OR SMALL ENTITY |  |  |
|--|--|---|---------------------------------|---|-------------------|------------------|------------------------|-----|---------------------|-------------------------------|--|--|
| FC   | OR .   | NUMBE                                     | NUMBER FILED                    |   | NUMBER EXTRA      |                  | FEE                    | 7   | RATE                | FEE                           |  |  |
| ВА   | SIC FEE  | 100                                       | ing the "a<br>graphed 3.1 a. so | and comment of the                          |                   |                  | 345.00                 | OR  | **********          | 690.00                        |  |  |
| тc   | TAL CLAIMS                                     | [GZ                                       | minus 20=                       |   | . 42              |                  |                        | OR  | X\$18=              | 754                           |  |  |
| INDEPENDENT CLAIMS 3 = *   |  |   |                                 |   |                   | X39=             |                        | OR  | X78=                |                               |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                                 |   |                   |                  |                        | OR  | +260=               | ·/                            |  |  |
| * If   | the difference                                 | TOTAL                                     |                                 | OR  | TOTAL             | 1990             |                        |     |                     |                               |  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |  |   |                                 |   |                   |                  | ENTITY                 | OR. | other<br>Small      |                               |  |  |
| ENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT           | RATE             | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE        |  |  |
| AMENDMENT  | Total  | 62  | Minus                           | ·· 62                                       | =                 | X\$ 9=           |                        | OR  | X\$18=              |                               |  |  |
|  | Independent                                    | . 3                                       | Minus                           | *** 3                                       | ]= 📉              | X39=             |                        | OR  | X78=                |                               |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                 |   |                   |                  |                        | OR  | +260=               |                               |  |  |
|  |  |   |                                 | TOTAL<br>ADDIT. FEE                         |                   | OR               | TOTAL<br>ADDIT: FEE    |     |                     |                               |  |  |
|  | r  | (Column 1)                                |                                 | (Column 3)                                  | ADDITIFEE         |                  |                        |     |                     |                               |  |  |
| AMENDWENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMEND ENT |                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE             | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE        |  |  |
|  | Total  | . (0 0)                                   | Minus                           | .0  | =                 | X\$ 9=           |                        | OR  | X\$18=              |                               |  |  |
|  | Independent                                    | NTATION OF MI                             | Minus JLTIPLE DEP               | ENDENT CLAIM                                | = "               | X39=             |                        | OR  | X78=                |                               |  |  |
|  |  |   |                                 | +130=                                       |                   | OR               | +260=                  |     |                     |                               |  |  |
|  |  |   |                                 |   |                   | TOTAL ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE |                               |  |  |
|  |  | (Column 1)                                |                                 | (Column 2)                                  | (Column 3)        |                  |                        |     |                     |                               |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE             | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE        |  |  |
|  | Total  | <b>*</b>                                  | Minus                           | **  | =                 | X\$ 9=           |                        | OR  | X\$18=              |                               |  |  |
|  | Independent                                    | *   | Minus                           | ***   | =                 | X39=             |                        | OR  | X78=                |                               |  |  |
|  | FIRST PRESE                                    | NTATION OF MU                             |                                 |   | UR                |                  |                        |     |                     |                               |  |  |
|  | If the entry in colu                           | mn 1 is less than th                      | ne entry in colum               | nn 2 write "0" in co                        | lumn 3            | +130=            |                        | OR  | , +260=             |                               |  |  |
| **   | If the "Highest Nu                             | mber Previously Pa                        | aid For IN THIS                 | SPACE is less that                          | n 20, enter "20." | ADDIT. FEE       | ]                      | OR  | TOTAL<br>ADDIT. FEE |                               |  |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                 |   |                   |                  |                        |     |                     |                               |  |  |



## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 4/603308

## Total Fee Calculation

|  | Fra Coda       | Ticl<br>* Class: | Number<br>Estra | <u>:&lt;</u> | F::          | F : <del>-</del> | Total |
|--|----------------|------------------|-----------------|--------------|--------------|------------------|-------|
|  | Sart:          |                  |                 |              | S.a. ಕಿಸುಗ್ರ | L: Eanry         |       |
| Basic Filia; Fee                             | 201/101        | ,                | ,               |              |              | (GO.             | •     |
| Tadi Claima >20                              | 201/1011       | 62 4             | - <u>42</u> :   | .c           |              | 154              |       |
| المؤموموطور (الناسية)                        | 202002         | 3 .:.            | /:              | ζ.           |              | <u>:</u>         |       |
| Mult Dep Claim Present                       | <u>2040004</u> |                  |                 |              |              | 130.             |       |
| Southwigh                                    | 200/103        |                  | •               | -            |              |                  |       |
| Eaglish Translation                          | _139           |                  |                 |              |              |                  |       |
| TOTAL FEE CALCUL.<br>Fees due upon tilles ti |                |                  |                 |              |              |                  | 15,   |
| Total Filing Fees Due                        |                | 15.              | 74              |              | :            |                  |       |
| Less Filling Fees Subm                       | imed - S       |                  |                 |              |              |                  | :     |
| BALANCE DUE                                  | = 5            | 15               | 74              |              |              |                  | :     |
| Office of Initial Patent                     | Mariantion     | <u>.</u>         |                 |              |              | . •              |       |
| ORM OFF.RAM OLG                              |                | Fi               | gurë 7          |              | =            |                  |       |